



ASAM

American Society of
Addiction Medicine

Licensee's use and interpretation of the American Society of Addiction Medicine's ASAM Criteria for Addictive, Substance-Related, and Co-Occurring Conditions does not imply that the American Society of Addiction Medicine has either participated in or concurs with the disposition of a claim for benefits.

This excerpt is provided for use in connection with the review of a claim for benefits and may not be reproduced or used for any other purpose.

Copyright 2015 by the American Society of Addiction Medicine. Reprinted with permission. No third party may copy this document in whole or in part in any format or medium without the prior written consent of ASAM."

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)**6****DIMENSION 6:**
Recovery Environment**and**

b. The patient has been living in an environment that is characterized by a moderately high risk of initiation or repetition of physical, sexual, or emotional abuse, or substance use so endemic that the patient is assessed as being unable to achieve or maintain recovery at a less intensive level of care;

or

c. The patient lacks social contacts or has high-risk social contacts that jeopardize his or her recovery, or the patient's social network is characterized by significant social isolation and withdrawal. The patient's social network includes many friends who are regular users of alcohol or other drugs or regular gamblers, leading recovery goals to be assessed as unachievable outside of a 24-hour supportive setting;

or

d. The patient's social network involves living in an environment that is so highly invested in alcohol or other drug use that the patient's recovery goals are assessed as unachievable;

or

e. Continued exposure to the patient's school, work, or living environment makes recovery unlikely, and the patient has insufficient resources and skills to maintain an adequate level of functioning outside of a 24-hour supportive environment;

or

f. The patient is in danger of victimization by another and thus requires 24-hour supervision.

Co-Occurring Enhanced Programs

The patient's status in Dimension 6 is characterized by severe and chronic mental illness. He or she may be too ill to benefit from skills training to learn to cope with problems in the recovery environment. Such a patient requires planning for assertive community treatment, intensive case management, or other community outreach and support services.

The patient's living, working, social, and/or community environment is not supportive of good mental health functioning. He or she has insufficient resources and skills to deal with this situation. For example, the patient may be unable to cope with the continuing stress of homelessness, or hostile or addicted family members, and thus exhibits increasing anxiety and depression. Such a patient needs the support and structure of a Level 3.1 co-occurring enhanced program to achieve stabilization and prevent further deterioration.

**ADOLESCENT DIAGNOSTIC ADMISSION CRITERIA**

The adolescent who is appropriately placed in a Level 3.1 program meets the diagnostic criteria for a moderate or severe substance use and/or addictive disorder, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders (DSM)* of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the adolescent's presenting history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties (such as family members, legal guardians, and significant others).

a



ADOLESCENT DIMENSIONAL ADMISSION CRITERIA

The adolescent who is appropriately placed in a Level 3.1 program meets specifications in at least **two** of the six dimensions.

1

DIMENSION 1: Acute Intoxication and/or Withdrawal Potential

The adolescent's status in Dimension 1 is characterized by problems with intoxication or withdrawal (if any) that are being managed through concurrent placement at another level of care for withdrawal management (typically Level 1, Level 2.1, or Level 2.5).

If residential placement in a Level 3.1 program is being used to support withdrawal management at a non-residential level of care, then the adolescent is considered to have met specifications in Dimension 1.

2

DIMENSION 2: Biomedical Conditions and Complications

The adolescent's status in Dimension 2 is characterized by **one** of the following:

a. Biomedical conditions distract from recovery efforts and require limited residential supervision to ensure their adequate treatment or to provide support to overcome the distraction. Adequate nursing or medical monitoring can be provided through an arrangement with another provider. The adolescent is capable of self-administering any prescribed medications or procedures, with available supervision;

or

b. Continued substance use would place the adolescent at risk of serious damage to his or her physical health because of a biomedical condition (such as pregnancy or HIV) or an imminently dangerous pattern of high-risk use (such as continued use of shared injection apparatus). Adequate nursing or medical monitoring for biomedical conditions can be provided through an arrangement with another provider. The adolescent is capable of self-administering any prescribed medications or procedures, with available supervision.

Biomedical Enhanced Services

The adolescent who has a biomedical problem that requires a degree of staff attention (such as monitoring of medications or assistance with mobility) that is not available in other Level 3.1 programs is in need of biomedical enhanced services.

3

DIMENSION 3: Emotional, Behavioral, or Cognitive Conditions and Complications

The adolescent's status in Dimension 3 is characterized by at least **one** of the following (requiring 24-hour supervision):

a. **Dangerousness/Lethality:** The adolescent is at risk of dangerous consequences because of the lack of a stable living environment (for example, exposure to the elements, risk of assault, risk of prostitution, and the like). He or she needs a stable residential setting for protection.

b. **Interference with Addiction Recovery Efforts:** The adolescent needs a stable living environment to promote a sustained focus on recovery tasks (for example, recovery efforts are hindered by the adolescent's preoccupying worries about shelter).

c. **Social Functioning:** The adolescent's emotional, behavioral, or cognitive problem results in moderate impairment in social functioning. He or she therefore needs limited 24-hour supervision, which can be provided by program staff or in combination with a Level 1 or Level 2 program. This might involve protection from antisocial peer influences in a motivated adolescent, reinforcement of improving behavior self-management techniques, support of increasingly independent functions (such as school or work), and the like.

d. **Ability for Self-Care:** The adolescent has moderate impairment in his or her ability to manage the activities of daily living and thus needs limited 24-hour supervision, which can be provided by program staff or through coordination with a Level 1 or Level 2 program. The adolescent's impairments might require the provision of food and shelter, prompting for self-care, or supervised self-administration of medications.

a**ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)**

The adolescent who is appropriately placed in a Level 3.1 program meets specifications in at least **two** of the six dimensions.

3**DIMENSION 3:**

Emotional, Behavioral, or
Cognitive Conditions and
Complications

e. **Course of Illness:** The adolescent's history and present situation suggest that an emotional, behavioral, or cognitive condition would become unstable without 24-hour supervision (for example, an adolescent who experiences rapid, dangerous exacerbation if he or she misses a few doses of medicine or if he or she has even a minor relapse to substance use).

or

f. The adolescent's emotional, behavioral, or cognitive condition suggests the need for low-intensity and/or longer-term reinforcement and practice of recovery skills in a controlled environment.

4**DIMENSION 4:**

Readiness to Change

The adolescent's status in Dimension 4 is characterized by at least **one** of the following:

a. The adolescent acknowledges the existence of a psychiatric condition and/or substance use problem. He or she recognizes specific negative consequences and dysfunctional behaviors and their effect on his or her desire to change. He or she is sufficiently ready to change and cooperative enough to respond to treatment at Level 3.1;

or

b. The adolescent is assessed as appropriately placed at Level 1 or 2 and is receiving Level 3.1 services concurrently. The adolescent may be at an early stage of readiness to change and thus in need of engagement and motivational strategies;

or

c. The adolescent requires a 24-hour structured milieu to promote treatment progress and recovery, because motivating interventions have failed in the past and such interventions are assessed as not likely to succeed in an outpatient setting;

or

d. The adolescent's perspective impairs his or her ability to make behavior changes without the support of a structured environment. For example, the adolescent attributes his or her alcohol, other drug, or mental health problem to other persons or external events, rather than to a substance use or mental disorder. Interventions are assessed as not likely to succeed in an outpatient setting.

5**DIMENSION 5:**

Relapse, Continued Use, or
Continued Problem Potential

The adolescent's status in Dimension 5 is characterized by at least **one** of the following:

a. The adolescent demonstrates limited coping skills to address relapse triggers and urges and/or deteriorating mental functioning. He or she thus is in imminent danger of relapse, with dangerous emotional, behavioral, or cognitive consequences, and needs 24-hour structure to help him or her apply recovery and coping skills;

or

b. The adolescent understands his or her addiction and/or mental disorder but is at risk of relapse in a less structured level of care because he or she is unable to consistently address either or both;

or**4**

LEVEL 3.1

a**ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)**

The adolescent who is appropriately placed in a Level 3.1 program meets specifications in at least **two** of the six dimensions.

5**DIMENSION 5:**

Relapse, Continued Use, or Continued Problem Potential

- c. The adolescent needs staff support to maintain engagement in his or her recovery program while transitioning to life in the community;
- or**
- d. The adolescent is at high risk of substance use, addictive behavior, or deteriorated mental functioning, with dangerous emotional, behavioral, or cognitive consequences, in the absence of close 24-hour structured support (as evidenced, for example, by lack of awareness of relapse triggers, difficulty in postponing immediate gratification or ambivalence toward or low interest in treatment), and these issues are being addressed concurrently in a Level 2 program.

6**DIMENSION 6:**

Recovery Environment

The adolescent's status in Dimension 6 is characterized by at least **one** of the following:

- a. The adolescent has been living in an environment in which there is a high risk of neglect, or initiation or repetition of physical, sexual, or severe emotional abuse, such that the adolescent is assessed as being unable to achieve or maintain recovery without residential secure placement;
- or**
- b. The adolescent has a family or other household member who has an active substance use disorder, or substance use is endemic in his or her home environment or broader social network, so that recovery goals are assessed as unachievable without residential secure placement;
- or**
- c. The adolescent's home environment or social network is too chaotic or ineffective to support or sustain treatment goals, so that recovery is assessed as unachievable without residential support. For example, the adolescent's family reinforces antisocial norms and values, or the family cannot sustain treatment engagement or school attendance, or the family is experiencing significant social isolation or withdrawal;
- or**
- d. Logistical impediments (such as distance from a treatment facility, mobility limitations, lack of transportation, and the like) preclude participation in treatment at a less intensive level of care.

Level 3.3: Clinically Managed Population-Specific High-Intensity Residential Services (Adult Criteria Only)

Level 3.3 programs provide a structured recovery environment in combination with high-intensity clinical services provided in a manner to meet the functional limitations of patients to support recovery from substance-related disorders.

For the typical patient in a Level 3.3 program, the effects of the substance use or other addictive disorder or a co-occurring disorder resulting in cognitive impairment on the individual's life are so significant, and the resulting

level of impairment so great, that outpatient motivational and/or relapse prevention strategies are not feasible or effective. Similarly, the patient's cognitive limitations make it unlikely that he or she could benefit from other levels of residential care.

The functional limitations seen in individuals who are appropriately placed at Level 3.3 are primarily cognitive and can be either temporary or permanent. They may result in problems in interpersonal relationships, emotional coping